ADA American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
The Bureau of Economic and Behavioral Research

The 1988 Survey of Dental Practice

Patients of Dentists in Private Practice

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FOR THE YEAR 1987

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HIGHLIGHTS

* Specialists, as a group, saw a greater percentage of patients under the age of 15 than did general practitioners. This, however, tends to reflect the higher proportion of orthodontists among all specialists.

* General practitioners saw a greater percentage of patients between the ages of 15 and 64 than did specialists for all the groups of dentists surveyed. Among all independent dentists, general practitioners received 62.9% of their patients from this age group, whereas specialists received 51.0%.

* General practitioners saw a greater percentage of patients aged 65 or older. General practitioners reported that 18.8% of their patients were in this age group, compared to 9.3% for specialists.

* Independent specialists estimated that they saw a greater percentage of patients with family incomes in excess of $30,000 than did general practitioners, 55.8% and 46.7% respectively. The difference was greatest among independent dentists graduating since 1980.

* Most patients seen by general practitioners and specialists had family incomes that exceeded $30,000.

* Both general practitioners and specialists reported that over one-third of their patients were not covered by an insurance program; general practitioners reported 33.3%, specialists 37.2%.

* An average of 50.5% of specialists surveyed reported having no patients whose annual family income was below $10,000. This compares to 23.7% for general practitioners.

* Among all independent dentists, only 4.8% reported having no patients who were members of a racial minority.

INTRODUCTION

This report provides descriptive statistics from the 1988 Survey of Dental Practice on the characteristics of patients of independent dentists in private practice in the United States for the year 1987. Areas covered in this report include patient characteristics such as age, annual family income, insurance coverage, and racial background.

Please note that statistics are reported only for independent dentists and are analyzed in three catagories: 1) all independent dentists, 2) solo dentists, and 3) independent dentists graduating since 1980. Each section is preceded by a brief summary citing statistics on the responding dentists in that given category. The tables present detailed data broken down by general practitioner and specialty status for each of the three categories. Statistics are based on responses from dentists regarding their entire practice patient load. The data were not gathered from surveys of patients. The data merely describe some access variables, including age, income level, racial background, and insurance coverage. Because of this, little can be concluded based on the data regarding, for example, the dentists' responses to economic barriers to care and whether or not the distribution of patients across dentists is related to how dentists respond.

In order to review the data in this report within a national context, the following statistics are provided. Slightly over 12% of the population in 1987 were 65 years of age or older. The percentage of all families in 1987 with an income of less than $10,000 was 11.8%, including 4.4% under $5,000 and 7.4% between $5,000 and $10,000. In 1987, an estimated 15.5% of the U.S. population were members of a racial minority group (non-whites). In 1984, 111 million persons were covered by private dental insurance; in 1987, 5.1 million received dental benefits through the Medicaid program.

INDEPENDENT DENTISTS

Among all independent dentists 60.5% of their patients were between the ages of 15 and 64 years. This percentage is maintained among general practitioners (62.9%), but is lower (51.0%) among specialists.

Most (47.6%) patients seen by all independent dentists had annual family incomes of $30,000 or more. Independent specialists as a group estimated that 55.8% of their patients had annual family incomes in this group, while independent general practitioners estimated 45.7% of their patients to be in this group.

Over half (60.8%) of the patients seen by all independent dentists were covered by private insurance programs that paid or partially paid for dental care, while approximately one-third (34.0%) of all patients had no insurance coverage.

Of all independent dentists, 52.0% reported having no patients who were covered by a public assistance program. The percentage was slightly lower for general practitioners (51.4%) and slightly higher for specialists (53.8%).

Almost one third of all independent dentists reported having no patients with family incomes under $10,000. The percentage is lower for general practitioners (23.7%) and higher for specialists (50.5%).

PATIENTS OF DENTISTS IN PRIVATE PRACTICE — INDEPENDENT DENTISTS

MEAN PERCENT OF PATIENTS WHO WERE OR HAD

	TYPE OF DENTIST					
	GENERAL PRACTITIONER		SPECIALIST		ALL - WEIGHTED	
	MEAN	NUMBER	MEAN	NUMBER	MEAN	NUMBER
14 YEARS OF AGE OR YOUNGER	18.31	1038	39.69	349	22.59	1387
15 TO 64 YEARS OF AGE	62.92	1038	51.03	349	60.54	1387
65 YEARS OF AGE OR OLDER	18.77	1038	9.28	349	16.87	1387
FAMILY INCOME UNDER $10,000	9.97	964	5.44	303	9.11	1267
FAMILY INCOME $10,000 TO $29,999	44.34	964	38.74	303	43.28	1267
FAMILY INCOME $30,000 OR MORE	45.68	964	55.82	303	47.61	1267
COVERED BY PRIVATE INSURANCE PROGRAM	61.35	1020	58.83	342	60.84	1362
COVERED BY PUBLIC ASSISTANCE PROGRAM	5.40	1020	3.98	342	5.12	1362
NOT COVERED BY AN INSURANCE PROGRAM	33.25	1020	37.19	342	34.04	1362
WERE MEMBERS OF A RACIAL MINORITY	13.47	1025	14.94	330	13.75	1355

SOURCE: AMERICAN DENTAL ASSOCIATION, 1988 SURVEY OF DENTAL PRACTICE.

PATIENTS OF DENTISTS IN PRIVATE PRACTICE INDEPENDENT DENTISTS

PERCENT AND NUMBER OF DENTISTS HAVING NO PATIENTS WHO WERE OR HAD

	TYPE OF DENTIST					
	GENERAL PRACTITIONER		SPECIALIST		ALL - WEIGHTED	
	MEAN	NUMBER	MEAN	NUMBER	MEAN	NUMBER
14 YEARS OF AGE OR YOUNGER	2.6	27	6.3	22	3.5	49
15 TO 64 YEARS OF AGE	0.0	0	0.6	2	0.1	2
65 YEARS OF AGE OR OLDER	1.0	10	44.4	155	11.9	165
FAMILY INCOME UNDER $10,000	23.7	228	50.5	153	30.1	381
FAMILY INCOME $10,000 TO $29,999	2.4	23	5.3	16	3.1	39
FAMILY INCOME $30,000 OR MORE	1.3	13	0.3	1	1.1	14
COVERED BY PRIVATE INSURANCE PROGRAM	0.1	1	0.0	0	0.1	1
COVERED BY PUBLIC ASSISTANCE PROGRAM	51.4	524	53.8	184	52.0	708
NOT COVERED BY AN INSURANCE PROGRAM	0.2	2	0.3	1	0.2	3
WERE MEMBERS OF A RACIAL MINORITY	5.7	58	2.1	7	4.8	65

SOURCE: AMERICAN DENTAL ASSOCIATION, 1988 SURVEY OF DENTAL PRACTICE.

SOLO DENTISTS

Most (83.1%) patients seen by all solo dentists were under the age of 65. Specialists reported a greater percentage of younger patients, while general practitioners reported a greater percentage of patients in older age categories.

Reflecting the fact that specialists tend to see more young patients than general practitioners do, 49.4% of all solo specialists reported having no patients aged 65 or older. In comparison, this percentage for general practitioners was 1.3%.

Most (46.1%) patients seen by all solo dentists had annual family incomes of $30,000 or more. Specialists estimated that 54.1% of their patients were in this income category, whereas general practitioners estimated 44.3%.

Solo dentists reported that an average of 13.3% of their patients were members of a racial minority group. General practitioners reported a similar percentage (13.0%), and for specialists the figure was slightly higher (14.4%).

Over half (60.3%) of the patients seen by all solo dentists were covered by a private insurance program that provided full or partial payment for dental care. Over one-third (34.6%) of the patients seen by all solo dentists had no insurance coverage.

Slightly over half (52.3%) of all solo dentists reported having no patients who were covered by a public assistance program. Among solo general practitioners, the percentage was 51.4%, and among specialists, 55.0%.

PATIENTS OF DENTISTS IN PRIVATE PRACTICE — SOLO DENTISTS

MEAN PERCENT OF PATIENTS WHO WERE OR HAD

	TYPE OF DENTIST					
	GENERAL PRACTITIONER		SPECIALIST		ALL - WEIGHTED	
	MEAN	NUMBER	MEAN	NUMBER	MEAN	NUMBER
14 YEARS OF AGE OR YOUNGER	18.34	782	43.24	245	23.05	1027
15 TO 64 YEARS OF AGE	62.57	782	49.20	245	60.04	1027
65 YEARS OF AGE OR OLDER	19.09	782	7.56	245	16.91	1027
FAMILY INCOME UNDER $10,000	10.17	727	4.80	215	9.20	942
FAMILY INCOME $10,000 TO $29,999	45.52	727	41.14	215	44.73	942
FAMILY INCOME $30,000 OR MORE	44.31	727	54.07	215	46.07	942
COVERED BY PRIVATE INSURANCE PROGRAM	61.17	776	56.61	238	60.32	1014
COVERED BY PUBLIC ASSISTANCE PROGRAM	5.32	776	4.18	238	5.11	1014
NOT COVERED BY AN INSURANCE PROGRAM	33.52	776	39.22	238	34.58	1014
WERE MEMBERS OF A RACIAL MINORITY	13.04	772	14.36	236	13.28	1008

SOURCE: AMERICAN DENTAL ASSOCIATION, 1988 SURVEY OF DENTAL PRACTICE.

PATIENTS OF DENTISTS IN PRIVATE PRACTICE SOLO DENTISTS

PERCENT AND NUMBER OF DENTISTS HAVING NO PATIENTS WHO WERE OR HAD

	TYPE OF DENTIST					
	GENERAL PRACTITIONER		SPECIALIST		ALL - WEIGHTED	
	MEAN	NUMBER	MEAN	NUMBER	MEAN	NUMBER
14 YEARS OF AGE OR YOUNGER	3.1	24	6.5	16	3.9	40
15 TO 64 YEARS OF AGE	0.0	0	0.8	2	0.2	2
65 YEARS OF AGE OR OLDER	1.3	10	49.4	121	12.8	131
FAMILY INCOME UNDER $10,000	22.4	163	54.0	116	29.6	279
FAMILY INCOME $10,000 TO $29,999	2.5	18	3.7	8	2.8	26
FAMILY INCOME $30,000 OR MORE	1.5	11	0.5	1	1.3	12
COVERED BY PRIVATE INSURANCE PROGRAM	0.1	1	0.0	0	0.1	1
COVERED BY PUBLIC ASSISTANCE PROGRAM	51.4	399	55.0	131	52.3	530
NOT COVERED BY AN INSURANCE PROGRAM	0.1	1	0.4	1	0.2	2
WERE MEMBERS OF A RACIAL MINORITY	6.5	50	2.5	6	5.6	56

SOURCE: AMERICAN DENTAL ASSOCIATION, 1988 SURVEY OF DENTAL PRACTICE.

INDEPENDENT DENTISTS GRADUATING SINCE 1980

Nearly two-thirds (60.3%) of all patients seen by independent dentists graduating since 1980 were between the ages of 15 and 64 years.

Like solo dentists and all independent dentists, specialists graduating since 1980 saw a higher percentage of younger patients than did general practitioners. For specialists, 51.6% of patients were of age 14 or younger; the percentage for general practitioners was 20.1%.

The majority (46.4%) of patients seen by all independent dentists graduating since 1980 had estimated annual family incomes from $10,000 to $29,999. The dentists estimated that 13.3% of their patients had annual family incomes under $10,000, and that 40.3% had annual family incomes in excess of $30,000.

Over half (61.1%) of the patients seen by all independent dentists graduating since 1980 were covered by private insurance programs. Conversely, 32.1% of the patients seen by independent dentists graduating since 1980 were not covered by an insurance program.

PATIENTS OF DENTISTS IN PRIVATE PRACTICE

INDEPENDENT DENTISTS
GRADUATING SINCE 1980

MEAN PERCENT OF PATIENTS WHO WERE OR HAD

	TYPE OF DENTIST					
	GENERAL PRACTITIONER		SPECIALIST		ALL - WEIGHTED	
	MEAN	NUMBER	MEAN	NUMBER	MEAN	NUMBER
14 YEARS OF AGE OR YOUNGER	20.06	142	51.60	15	22.36	157
15 TO 64 YEARS OF AGE	61.81	142	41.40	15	60.32	157
65 YEARS OF AGE OR OLDER	18.13	142	7.00	15	17.32	157
FAMILY INCOME UNDER $10,000	13.77	137	7.47	15	13.30	152
FAMILY INCOME $10,000 TO $29,999	46.72	137	42.27	15	46.38	152
FAMILY INCOME $30,000 OR MORE	39.50	137	50.27	15	40.31	152
COVERED BY PRIVATE INSURANCE PROGRAM	61.53	139	56.75	16	61.15	155
COVERED BY PUBLIC ASSISTANCE PROGRAM	7.01	139	3.12	16	6.71	155
NOT COVERED BY AN INSURANCE PROGRAM	31.46	139	40.12	16	32.14	155
WERE MEMBERS OF A RACIAL MINORITY	15.20	142	10.06	16	14.81	158

SOURCE: AMERICAN DENTAL ASSOCIATION, 1988 SURVEY OF DENTAL PRACTICE.

PATIENTS OF DENTISTS IN PRIVATE PRACTICE

INDEPENDENT DENTISTS
GRADUATING SINCE 1980

PERCENT AND NUMBER OF DENTISTS HAVING NO PATIENTS WHO WERE OR HAD

	TYPE OF DENTIST					
	GENERAL PRACTITIONER		SPECIALIST		ALL - WEIGHTED	
	MEAN	NUMBER	MEAN	NUMBER	MEAN	NUMBER
14 YEARS OF AGE OR YOUNGER	0.0	0	20.0	3	1.9	3
15 TO 64 YEARS OF AGE	0.0	0	0.0	0	0.0	0
65 YEARS OF AGE OR OLDER	0.7	1	60.0	9	6.4	10
FAMILY INCOME UNDER $10,000	12.4	17	33.3	5	14.4	22
FAMILY INCOME $10,000 TO $29,999	0.7	1	0.0	0	0.7	1
FAMILY INCOME $30,000 OR MORE	0.7	1	0.0	0	0.7	1
COVERED BY PRIVATE INSURANCE PROGRAM	0.0	0	0.0	0	0.0	0
COVERED BY PUBLIC ASSISTANCE PROGRAM	46.0	64	43.8	7	45.8	71
NOT COVERED BY AN INSURANCE PROGRAM	0.0	0	0.0	0	0.0	0
WERE MEMBERS OF A RACIAL MINORITY	4.9	7	12.5	2	5.7	9

SOURCE: AMERICAN DENTAL ASSOCIATION, 1988 SURVEY OF DENTAL PRACTICE.

SURVEY METHODOLOGY

The 1988 Survey of Dental Practice (SDP) was an updated version of the long-form 1985 SDP. This survey was sent to 4% of the dentists who were known to be actively engaged in the private practice of dentistry. The purpose of the survey is to provide reliable information on characteristics of the private practice of dentistry in the United States.

Sampling

The population consisted of 133,823 dentists who, based on the 1982 Distribution of Dentists, were known to be in private practice, even if only part-time.

The Distribution of Dentists is a dental census that is conducted periodically by the Bureau of Economic and Behavioral Research of the American Dental Association. Although the 1982 distribution was the most recent complete census at the time the sample was drawn, the sampling frame is updated periodically by adding information about recent graduations, retirements, and deaths when available. Dentists with an unknown practice type were included in the sampling frame.

The sample was ordered by type of practice (general practitioner or specialist). Within each type, the sample was sorted by dental school and graduation year. A random sample from each type of practice was selected. Since specialists comprise a small percentage of the dental population, it was necessary to oversample them to ensure adequate numbers for statistical analysis (i.e., the proportion of specialists sampled is higher than the actual percentage of specialists in the population). It should be noted that the sample was drawn in such a way as to make statements about general practitioners and specialists as a whole. For any given specialty, there may not have been enough dentists responding to make reliable statements about that individual specialty.

Data Collection

The 1988 SDP was initially mailed in April 1988. Two follow-up mailings to non-respondents occurred in May and June 1988. A telephone follow-up to non-respondents was conducted in July and August 1988. Coding, hand-editing, and computer processing were completed in October 1988. The final response rate was computed after the individuals who were either retired, disabled, deceased, not in private practice, or had unknown addresses were eliminated from the sample. The adjusted sample size was used to calculate the final response rate of 43.1%.

Weighting the Sample

Since the proportion of specialists in the sample is higher than the actual percentage in the dental population, it is necessary to account for this imbalance when making statements about the total dental population. This correction is accomplished by developing and applying a weighting factor to each sampled dentist.

Weights were calculated for general practitioners and specialists separately, by dividing the percentage of each in the population by the percentage in the sample. The proportion of general practitioners in the population is 80%, specialists, 20%. The percentage of general practitioners in the sample is 74.9%, of specialists, 25.1%.

The weights were computed as follows:

General Practitioner	.80/.749 = 1.068731
Specialist	.20/.251 = 0.795392

These weights were employed in the calculations of means and medians for cases in which general practitioners and specialists were combined (i.e., when statements were made about "all" solo or "all" independent dentists). The weights were also used when percentages of dentists in various categories were computed. In these cases, the totals as well as the percentages are weighted, making the totals smaller or larger than those for the actual sample.

DEFINITIONS

Definitions of several terms and phrases are provided in this section to assist with the interpretation of data contained in the tables in this and other reports. In general, the dentists included in this report were working in private practice as a primary occupation. In addition, all dentists had started in their current (i.e., 1987) practice prior to 1987.

All Dentists: This group of dentists contains all dentists responding to the survey, including those who are employed by a dentist or dental practice, rather than owning or sharing in the ownership of a practice.

Dental Practice Personnel (All Staff): This group includes dental hygienists, chairside assistants, dental laboratory technicians, secretary/receptionists, bookkeepers and business personnel. Dentists employed by the practice are **NOT** included.

Full-Time and Part-Time: For purposes of this report, full-time was defined as working in the practice at least 32 hours per week. Part-time was defined as working in the practice less than 32 hours per week.

Hourly Salary: The hourly salary reported is computed by dividing the weekly salary by the number of hours worked.

Independent Dentists: An independent dentist owns or shares in the ownership of a dental practice. This ownership status includes sole proprietors, partners, and those who are shareholders in an incorporated practice.

Mean: The mean is the simple average of values reported by the dentists responding to the survey. The mean is calculated by summing the values reported and then dividing the sum by the number of dentists responding to the question.

Mean Per Year: The mean per year is the average value reported for a year's period of time (e.g., mean number of appointments per year). The per year figures were determined by multiplying the per week values by the number of weeks worked that year.

Nonowner Dentists (Employed): A nonowner dentist may be employed in an incorporated or unincorporated dental practice on a salary, commission, percentage, or associate basis. A nonowner dentist may be an independent contractor, but he may not be a shareholder in an incorporated practice.

Nonsolo Dentists: Nonsolo dentists work in a dental practice with at least one other dentist. Some of these dentists may be employed by the owner dentists in the practice.

No-Shows: The total of patient no-shows is defined as the difference between the number of appointments scheduled and the number of scheduled visits treated. It was assumed that the number of scheduled visits treated was equal to or less than the number of appointments scheduled.

Regions: The following is a breakdown of the states in each region.

New England: CT, MA, ME, NH, RI, VT
Middle Atlantic: NJ, NY, PA
East North Central: IL, IN, MI, OH, WI
West North Central: IA, KS, MN, MO, ND, NE, SD
South Atlantic: DE, MD, DC, FL, GA, NC, SC, VA, WV
East South Central: AL, KY, MS, TN
West South Central: AR, LA, OK, TX
Mountain: AZ, CO, ID, MT, NV, NM, UT, WY
Pacific: AK, CA, HI, OR, WA

Scheduled Visits Treated: Scheduled appointments that were kept by the patients.

Solo Dentists: A solo dentist is the sole owner of the practice and is the only dentist working in the practice. The dentist may be either a sole proprietor or the sole shareholder in an incorporated practice. Solo dentists are a subset of independent dentists.

Total Patient Visits: Total patients visits is the sum of walk-in visits, emergency visits, and scheduled visits that were treated (i.e., excluding no-shows).

Weighting: Since specialists comprise a smaller percentage of the dental population, it was necessary to oversample them to insure adequate numbers for statistical analysis. The proportion of specialists in the sample is higher than the actual proportion of specialists in the total population of dentists. Please note that individual specialties were not oversampled, and, therefore, only statistics on specialists as a group are presented. Statistics computed for all dentists were weighted to reflect national proportions.

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1988 Survey of Dental Practice

Please answer all questions by **circling** the number corresponding to the most appropriate response, except where a fill in the blank is requested.

1. Which of the following best describes your **primary and/or secondary occupation(s)** during 1987? (Please circle one response for **each** column.)

		Primary Occupation	Secondary Occupation
a.	Private practice (full- or part-time)	00	00
b.	Dental school faculty/staff member	01	01
c.	Armed Forces	02	02
d.	Other federal services (e.g., VA, PHS)	03	03
e.	State or local government employed	04	04
f.	Hospital staff dentist	05	05
g.	Intern/resident	06	06
h.	Other student	07	07
i.	Other health/dental organization staff member (e.g., NIDR)	08	08
j.	Not in practice	09	09
k.	Retired	10	10
l.	Occupation unrelated to dentistry	11	11
m.	**No secondary occupation**	—	12

Please complete the remainder of this questionnaire if you were in **private practice** during any part of 1987.
If you were **not involved** in the **private practice** of dentistry during **any part** of 1987, please return the questionnaire. Thank you.

Individual Dentist Questions

The following questions pertain to you as an individual private practitioner. If you changed practices (i.e., worked in more than one **primary practice** during 1987), please give information on the practice in which you treated patients for the greatest number of months.

2a. Were you **announcing yourself and practicing** as a specialist in an ADA recognized specialty area (dental public health, endodontics, oral and maxillofacial surgery, oral pathology, orthodontics, pediatric dentistry, periodontics, or prosthodontics) in your **primary practice** in 1987?

Yes 1
No (Skip to question 3.) 2

b. Which **one** of the following specialties are you actively practicing?

Oral and maxillofacial surgery 10
Endodontics 15
Orthodontics 20
Pediatric dentistry 30
Periodontics 40
Prosthodontics 50
Oral pathology 60
Public health 82

3. In what year did you **first** become associated with the **primary practice** where you practiced during 1987? 19 ____

4. Which **one** of the following **best** describes your employment status when you **first** became associated with that practice?

a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice 1
b. Partner in a complete or limited partnership 2
c. Shareholder in an incorporated dental practice 3
d. Employed in an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder 4
e. Employed in an unincorporated dental practice on a salary, commission, percentage, or associate basis 5
f. Independent contractor 6
g. Other, please specify ____

5. Which **one** of the following **best** describes your employment status in that practice during 1987?

a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice 1
b. Partner in a complete or limited partnership 2
c. Shareholder in an incorporated dental practice 3
d. Employed in an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder 4
e. Employed in an unincorporated dental practice on a salary, commission, percentage, or associate basis 5
f. Independent contractor 6
g. Other, please specify ____

6. Please answer the following about the time **you personally** spent in your primary practice during 1987.

a. Total number of weeks worked (excluding vacation) ____ weeks
b. Total number of **hours per week** spent in the practice ____ hours per week
c. Number of hours per week spent **treating patients** in the practice ____ hours per week
d. Estimate the average scheduled length of an appointment in 1987 ____ minutes
e. During a typical week, what percentage of your **time treating patients** in the **primary practice** was devoted to each of the following procedures? (If none, enter zero.)

	Percentage of Time Per Week
Diagnostic (exams, x-rays, etc.)	____ %
Preventive (fluoride treatments, prophylaxis, patient education, pit and fissure sealants, etc.)	____ %
Operative (restoration, amalgams, inlays, etc.)	____ %
Prosthodontic	____ %
Endodontic	____ %
Periodontic	____ %
Orthodontic	____ %
Oral and maxillofacial surgery	____ %
General services (anesthesia, patient management, counseling, miscellaneous)	____ %
Total	**100%**

7. The following represent possible contractual agreements with third parties. Indicate if **any** apply to you in your practice by estimating the percentage of patients involved in each. Enter a zero if the category does not apply.

	Percentage of Patients
a. Service benefit plan participating agreement (e.g., Delta Dental Plan or Blue Cross and Blue Shield with participating agreement)	_____ %
b. Capitation (e.g., Prudential DMO, Safeguard Health Plans, CIGNA Dental Health)	_____ %
c. Fee schedule agreement (e.g., agreement with any insurance company that is contracting with Insurance Dentists of America)	_____ %
d. Straight risk pool (e.g., Individual Practice Association Program)	_____ %
e. Capitation-risk pool combination (e.g., Delta Dental Pacesetter Program)	_____ %
f. Discount of usual fees agreement (e.g., Aetna Fast Track Program)	_____ %
g. Other contractural agreement	_____ %

8. During the entire year of 1987, indicate the **total** number of **patients you treated** in the **primary practice.** (This number should be different than the total number of appointments below.)

_____ total patients

9. Please indicate the following regarding patient care that **you personally** provided in the **primary practice** during 1987.

The average number of:

a. **Appointments scheduled** per week (**excluding** those with hygienist appointments only)

_____ appointments per week

b. **Walk-in visits** per week that **you** treated (i.e., non-emergency and no appointment scheduled) If none, enter zero.

_____ visits per week

c. **Emergency visits** per week that **you** treated (i.e., no appointments scheduled) If none, enter zero.

_____ visits per week

d. **Scheduled visits** per week that **you actually** treated (**excluding** those with hygienist appointments only)

_____ visits per week

10. During a typical week, approximately what percentage of your time treating patients in your **primary practice** was devoted to implant services? (If none, enter zero)

_____ %

11. Which **one** of the following best describes **you** in your **primary practice** during 1987?

	Busyness
a. Too busy to treat all people requesting appointments	1
b. Provided care to all who requested appointments but was overworked	2
c. Provided care to all who requested appointments and was not overworked	3
d. Not busy enough, could have treated more patients	4

Entire Primary Practice Characteristics

12. What was the zip code of your **primary practice** during 1987?

_____ zip code

13. **Including yourself,** please indicate the number of full- or part-time **dentist positions** in the **entire primary practice** during 1987. (If none, enter zero.)

	Number of Dentist Positions
a. Number of **owner** dentists (i.e., sole proprietor, partners, or shareholders)	_____
b. Number of **non-owner** dentists (i.e., employed dentists, associates and non-shareholders) If none, enter zero.	_____

14. **Including yourself,** please indicate the number of full- and part-time **dentist positions** in each of the following practice areas in the **primary practice** during 1987.

	Number of Dentist Positions	
	full-time	part-time
a. General practice	_____	_____
b. Oral and maxillofacial surgery	_____	_____
c. Endodontics	_____	_____
d. Orthodontics	_____	_____
e. Pediatric dentistry	_____	_____
f. Periodontics	_____	_____
g. Prosthodontics	_____	_____
h. Oral pathology	_____	_____
i. Public health	_____	_____
j. Other, please specify _____	_____	_____

15. Please indicate the number of full-time (32 hours per week or more) and part-time (less than 32 hours per week) **employee positions** in the **primary practice** during 1987. (If none, enter zero.)

	Number of Employee Positions	
	full-time	part-time
a. Dental hygienist(s)	_____	_____
b. Chairside assistant(s)	_____	_____
c. Secretary/receptionist(s)*	_____	_____
d. Dental laboratory technician(s)	_____	_____
e. Bookkeeper, business personnel	_____	_____
f. Other, please specify _____	_____	_____

*__Note:__ A secretary or receptionist who also provides chairside assistance at least 50% of the time should be counted as a chairside assistant.

16. For the **entire primary practice,** indicate the number of chairside assistants (full- and part-time) employed in 1987 who received formal training in a structured program.

a. Full-time _____
b. Part-time _____

17. Please provide the following regarding all dental hygienist(s) appointments and visits in the **entire primary practice** during 1987. (If no hygienists were employed, skip to question 19.)

The average number of:	Dental Hygienist(s)
a. **Appointments scheduled** per week primarily for hygienist(s) treatment	_____ appointments per week
b. **Scheduled visits** per week that were actually treated by all hygienist(s)	_____ visits per week

18. Please provide the following for **each dental hygienist** in the **entire primary practice** during 1987. If the practice did not employ someone in these positions, please check the appropriate box.

	Not Applicable (Please check box.)	Annual Salary/ Commission (in dollars) per year	Weeks Worked per Year weeks	Hours Worked per Week hours	Length of Experience Prior to Employment in this Practice years	Length of Experience Prior to Employment in this Practice months	Length of Employment in this Practice years	Length of Employment in this Practice months
Dental Hygienist(s):								
Position #1	☐	$						
Position #2	☐	$						
Position #3	☐	$						
Position #4	☐	$						

19. Please provide the following for **each employee** in the **entire primary practice** during 1987. If the practice did not employ someone in these positions, please check the appropriate box.

	Not Applicable (Please check box.)	Weekly Salary (in dollars) per week	Hours Worked per Week hours	Length of Experience Prior to Employment in this Practice years	Length of Experience Prior to Employment in this Practice months	Length of Employment in this Practice years	Length of Employment in this Practice months
Chairside Assistant(s):							
Position #1	☐	$					
Position #2	☐	$					
Position #3	☐	$					
Position #4	☐	$					
Position #5	☐	$					
Secretary/Receptionist(s):							
Position #1	☐	$					
Position #2	☐	$					
Position #3	☐	$					
Dental Laboratory Technician(s):							
Position #1	☐	$					
Position #2	☐	$					
Bookkeeping/Business Personnel:							
Position #1	☐	$					
Position #2	☐	$					

Please use the following space to provide information for **all personnel not included above in questions 18 and 19.**

_____	$					
_____	$					
_____	$					
_____	$					
	per week	hours	years	months	years	months

20 For the **entire primary practice** in 1987, please indicate the following regarding the employment of auxiliary staff. (If none, enter zero.)

	Dental Hygienists	Chairside Assistants
a Number of open positions		
filled in 1987	_____	_____
unfilled in 1987	_____	_____
b Average number of weeks position(s) was open	_____	_____

21 What is the estimated starting salary in your **primary practice** for the following auxiliary positions with no prior experience?

	Starting Salary
a Dental hygienist	$_____/hour
b Chairside assistant	$_____/hour

22 In the **primary practice** during 1987, indicate whether or not and to whom the following benefits were offered. (If the practice did not offer the benefit, please check the appropriate box.)

	Not Offered	Dental Hygienist(s)	Chairside Assistant(s)	Dental Laboratory Technician(s)	Secretary/ Receptionist(s)
a Medical insurance	☐	1	2	3	4
b Dental insurance (or reduced costs)	☐	1	2	3	4
c Separate malpractice insurance	☐	1	2	3	4
d Life insurance	☐	1	2	3	4
e Profit sharing	☐	1	2	3	4
f Pension plan	☐	1	2	3	4
g Paid sick leave	☐	1	2	3	4
h Paid vacation days	☐	1	2	3	4
i Reimbursement for professional organization dues	☐	1	2	3	4
j Reimbursement for continuing education courses	☐	1	2	3	4
k Incentive program					
percent of total production	☐	1	2	3	4
percent of production above certain limits	☐	1	2	3	4
set bonus if budgeted goals are met	☐	1	2	3	4
l Other, please specify _____					

23 Which of the following personnel in your **primary practice** use gloves, mask, protective eyewear or gowns when working with all or selected patients?

	Gloves			Mask			Protective Eyewear			Protective Gowns		
	all	some patients	none	all	some patients	none	all	some patients	none	all	some patients	none
a Dentist (self)	1	2	3	1	2	3	1	2	3	1	2	3
b Dental hygienist(s)	1	2	3	1	2	3	1	2	3	1	2	3
c Chairside assistant(s)	1	2	3	1	2	3	1	2	3	1	2	3
d Other, please specify _____	1	2	3	1	2	3	1	2	3	1	2	3

24 Approximately how long have **you personally** used the following barrier techniques?

	Number of Years	Number of Months	Do not use (Check box.)
a Gloves	_____	_____	☐
b Mask	_____	_____	☐
c Protective eyewear	_____	_____	☐
d Protective gowns	_____	_____	☐

25 If **you** wear gloves, do you change them after every patient?

Yes	1
No	2
Not applicable	3

26a. Did the **primary practice** utilize computer processing services during 1987?

Yes	1
No (Skip to question 27.)	2

b. Were these computer services provided by an:

In-house computer?	1
Outside computer service? (Skip to question 26d.)	2
Other, please specify _____	

c. Who was the primary user of the computer system?

Dentist(s)	1
Secretary/receptionist(s)	2
Bookkeeping/business personnel	3
Other, please specify _____	

d. For which of the following functions was a computer utilized? (Please circle as many as apply.)

Patient accounting and billing	1
Maintaining expense records	2
Processing insurance forms	3
Maintaining treatment records	4
Diagnosis and monitoring of treatment	5
Scheduling patients	6
Office newsletters	7
Form letters	8
Other, please specify _____	

e. Which of the following was most important in your choice of a computer?

Price	1
Service/support	2
Training	3
Hardware	4
Software	5
Other, please specify _____	

f. How were you introduced to your computer?

Advertisement	1
Trade show	2
Mailing	3
Telephone call	4
Other, please specify _____	

g. If given the opportunity, would you purchase the same computer system again?

Yes	1
No	2

h. Is your computer:

Single user?	1
Multi user?	2

i. If given the opportunity to purchase another computer system, which of the following would be most important to you?

Price	1
Service/support	2
Training	3
Hardware	4
Software	5
Other, please specify _____	

27. In the **entire primary practice** during 1987

a. What was the total number of operatories? _____ operatories

b. How many of these were fully-equipped operatories (i.e., where a dentist can perform at least restorative dentistry)? _____ operatories

c. What was the total square feet of office space? _____ square feet

28. Did the **primary practice** operate its own dental laboratory during 1987?

Yes	1
No	2

29. Were any of the following items of equipment utilized by the **primary practice** during 1987?

	Yes	No
a. Composite light curing unit	1	2
b. High speed air handpiece with fiber optics	1	2
c. Panoramic x-ray unit	1	2
d. Ultrasonic or sonic scaling unit	1	2
e. Electrosurgical unit	1	2
f. Nitrous oxide analgesic equipment	1	2
g. Modular instrument delivery system (wall divider)	1	2
h. Automatic x-ray film processor	1	2
i. Autoclavable handpiece	1	2
j. Scavenger system for nitrous oxide	1	2
k. Intraoral video camera	1	2
l. Laser	1	2
m. Biological indicator (spore test)	1	2

30. Which of the following **best** describes your **primary practice** location during 1987?

a. Metropolitan area with a population greater than 500,000	
central city location	1
suburban location	2
b. Metropolitan area with a population between 100,000 and 500,000	
central city location	3
suburban location	4
c. City of 50,000-99,999 population	5
d. City of 20,000-49,999 population	6
e. Rural (less than 20,000 population)	7

31. Which of the following **best** describes the building where the **primary practice** was located during 1987?

a. Home	1
b. Professional building	2
c. Shopping center	3
d. Other commercial building	4

32. Do either of the following characterize your **primary practice** where you worked in 1987?

	Yes	No
a. Retail or drug store facility	1	2
b. Franchise (practice marketed under a trade name)	1	2

33. a. In 1987, was your **primary practice** located in more than one office?

Yes	1
No (Skip to question 34.)	2

b. If yes, indicate the number of offices associated with your **primary practice** _____

If you were a solo practitioner during 1987, please skip to question 36.

34 Please indicate the following regarding patient care by the **entire primary practice** during 1987.

The average number of:	Entire Practice
a **Appointments scheduled** per week (**excluding** those with hygienist appointments only)	_____ appointments per week
b **Walk-in visits** per week that were treated (i.e., non-emergency and no appointment scheduled) If none, enter zero	_____ visits per week
c **Emergency visits** per week (i.e., no appointment scheduled) If none, enter zero	_____ visits per week
d **Scheduled visits** per week that were **actually** treated (**excluding** those with hygienist appointments only)	_____ visits per week

35 During the entire year of 1987 indicate the **total** number of **patients** treated by the **primary practice.** (This number should be different than your total number of appointments above.)

_____ total patients

36 Approximately what percentage of the **entire practice's** yearly patients are received on a referral basis from another practice, dentist or physician?

_____ %

37a During a typical month, about how many **new patients** were treated in the **entire primary practice** where you practiced in 1987? (If none, enter zero and skip to question 38.)

_____ new patients per month

b For 1987, please indicate the percentage of **new patients** from the following sources. (If none, enter zero.)

	Entire Practice Sources of New Patients
Other dentists	
General practitioners	_____ %
Specialists	_____ %
Patients	_____ %
Dental referral service	_____ %
Other professionals (e.g., M.D.'s)	_____ %
Direct mail or commercial advertising (TV, radio, newspaper, etc.)	_____ %
Capitation/closed panel contracts	_____ %
Other, please specify _____	_____ %
Total	**100%**

38 For the **entire primary practice** during 1987, how long did an average patient of record and average new patient have to **wait:**

	Entire Practice Waiting Time	
	patient of record	**new patient**
a For the **initial appointment** of a series (excluding emergency cases)?	_____	_____
	days	
b To see a dentist **after** the patient arrived for a **scheduled appointment?**	_____	_____
	minutes	

39 Of the 52 weeks in 1987, how many weeks was the **primary practice** scheduled to be open (not including emergency cases) to provide care to patients?

_____ weeks

40 Approximately what percentage of the patients who visited the primary practice:

	Entire Practice Patient Characteristics
a were:	
14 years of age or younger?	_____ %
15 to 64 years of age?	_____ %
65 years of age or older?	_____ %
Total	**100%**
b were members of families whose annual income is estimated to be	
under $10,000?	_____ %
$10,000 to 29,999?	_____ %
$30,000 or more?	_____ %
Total	**100%**
c were:	
covered by a private insurance program that pays or partially pays for their dental care?	_____ %
covered by a public assistance program that pays or partially pays for their dental care?	_____ %
not covered by an insurance program?	_____ %
Total	**100%**
d were:	
male?	_____ %
female?	_____ %
Total	**100%**
e were physically handicapped and/or mentally handicapped?	_____ %
f were members of a racial minority?	_____ %

41 Please indicate the percentage of patients who travelled various distances (from work or home) to your **primary practice** office.

a. Patients close (within walking distance or within 1-10 minute drive or transportation)	_____ %
b. Patients within 11-39 minutes drive or transportation	_____ %
c. Patients within 40 or more minute drive or transportation	_____ %
Total	**100%**

42. For each of the dental procedures listed below, indicate the usual fee the **entire primary practice** charged during 1987. (If you usually provided the procedure free of charge, enter zero in the appropriate blank. If the procedure is not routinely performed, check the appropriate box.) Please do not report ranges.

		Not Done	Usual Fee
a.	Periodic oral examination (excluding radiographs)	☐	$_____
b.	Bitewing radiographs, for films	☐	$_____
c.	Dental prophylaxis, for adults	☐	$_____
d.	Pit and fissure sealant, per tooth	☐	$_____
e.	Topical fluoride treatment (including prophylaxis), child	☐	$_____
f.	Amalgam restoration, one surface, permanent (including polishing)	☐	$_____
g.	Fixed unilateral space maintainer restoration	☐	$_____
h.	Root canal therapy—molar (includes treatment plan, clinical procedures, and follow-up care, excluding final restoration), one canal	☐	$_____
i.	Periodontal scaling and root planing—per quadrant	☐	$_____
k.	Complete upper acrylic-base denture, including six-months post-delivery care	☐	$_____
l.	Extraction (including local anesthesia and post-operative care), single tooth	☐	$_____

43. What was **your** 1987 net income (after practice expenses and business taxes) from: (Please include salary, commission and/or dividends.)

		Net Income
a.	Your primary practice?	$_____
b.	Your secondary practice (if applicable)?	$_____
c.	Other income from dentistry (i.e., teaching, research, other practice, etc.)?	$_____

44. In the **entire primary practice,** what was the total amount of fees charged for the dental care provided during 1987 (annual billing)? $_____

45. What percentage of the **gross receipts** were received: (If none, enter zero.)

		Gross Receipts
a.	As direct patient payment?	_____%
b.	As payment from government programs (e.g., Medicare, Medicaid, or other public insurance)?	_____%
c.	As direct payment from private insurance carriers?	_____%
d.	From other sources of payment? Please specify _____	_____%
	Total	**100%**

46. During 1987, were any of the expenses of the **entire primary practice** (dental facilities or staff) shared with other dentists?

Yes 1
No 2

If you shared expenses (dental facilities or staff) with any other practices, please report **only your entire primary practice's** share of the expenses.

47. For each item below, what were the **total professional expenses** for the **entire primary practice** during 1987? (If no expenses were incurred for specific items, please enter zero.)

		Expenses
a.	Yearly rent	$_____
b.	Yearly mortgage (including interest)	$_____
c.	Total salaries, wages and commissions of non-dentist employees	$_____
d.	Total salaries, wages and commissions of employed dentists (**exclude** salaries of owner dentists or shareholders of incorporated practices)	$_____
e.	Total salaries, wages and commissions of officers/shareholder dentists (**for incorporated practices only**)	$_____
f.	Employee benefits of personnel, not included in salaries, (e.g., insurance, pensions, etc.)	$_____
g.	General office supplies	$_____
h.	Dental supplies	$_____
i.	Commercial dental laboratory charges	$_____
j.	Advertising expenses	$_____
k.	Annual depreciation costs of dental and office equipment	$_____
l.	Taxes on business and business property	$_____
m.	Repairs of dental or office equipment	$_____
n.	Insurance related to dental office (liability, fire, etc.)	$_____
o.	Legal and professional fees	$_____
p.	Professional liability (malpractice insurance)	$_____
q.	Interest on business indebtedness (excluding mortgage)	$_____
r.	Drugs	$_____
s.	Utilities (telephone, electricity, etc.)	$_____
t.	Professional expenses (travel to meetings, society dues, etc.)	$_____
u.	Bad debts	$_____
v.	Other, please specify _____	$_____
w.	**Total Professional Expenses**	$_____

Thank you for your assistance in this important research project. Please return this questionnaire by folding and placing tape as indicated. Drop it in the mail, postage is paid.